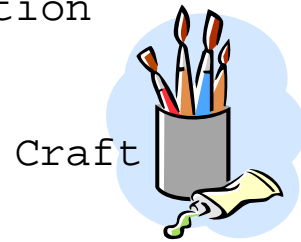




Vendor/Sales Application  
2008



Name of Business\_\_\_\_\_

Contact Person\_\_\_\_\_

Mailing Address\_\_\_\_\_

City, State,  
Zip\_\_\_\_\_

Day Phone\_\_\_\_\_Cell\_\_\_\_\_

Email Address\_\_\_\_\_

Please enclose the following with your application:

- Copy of current Arkansas State Sales Tax Permit
- Copy of current Certificate of Insurance.
- Description of Items to be sold. Pictures if available.
- Include payment in the amount of \$100.00 for each space (25 X 15) for both days. Electricity included.
- Additional payment of \$10.00 for shared booth space.
- Units will be inspected at site according to code.

Submit Applications to: City of Lowell  
P.O. Box 979  
Lowell, AR 72745

Special Events (479)770-2185